

Combined or Consolidated Return
Affiliation Schedule

For taxable year beginning _____, 19 ____, and ending _____, 19 ____.

Attach to your return

Name 1		Federal employer identification number
Number and street 2		For DOR use only 88
City or town, state, and ZIP code 3		

Section I **00**

Complete Section I only if it was not completed for a previous taxable year.

If answer to Arizona filer is yes, place an X in the box.

* F = Consolidated

C = Combined

S = Separate

Listing of affiliated corporations combined or consolidated in this return or filing separate company returns	Arizona filer?	Affiliated company name	F/C/S *	Federal employer ID number	Period from / through	PBA code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Section II
Additions

Do not complete Sections II and III if Section I is completed.

If answer to Arizona filer or name change is yes, place an X in the box.

* F = Consolidated

C = Combined

S = Separate

Corporations added to the affiliated group during the year	Arizona filer?	Affiliated company name	Name change?	F/C/S *	Federal employer ID number	Month added	PBA code
1							
2							
3							
4							
5							
6							

Section III
Deletions

If answer to Arizona filer or name change is yes, place an X in the box.

* F = Consolidated

C = Combined

S = Separate

Corporations deleted from the affiliated group during the year	Arizona filer?	Affiliated company name	Name change?	F/C/S *	Federal employer ID number	Month deleted	PBA code
1							
2							
3							
4							
5							
6							

Reason for deletions: 1 _____
2 _____
3 _____
4 _____
5 _____
6 _____